

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90240 005 ***138.75

DOCUMENT # L06000026309

1. Entity Name

VENTURECORE, LLC



Principal Place of Business

185 WAYMONT CT.
SUITE 111
LAKE MARY FL 32746

Mailing Address

PO BOX 953007
LAKE MARY FL 32795-3007



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

20-4478871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLTUN, JEFFREY M ESQ
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND FL 32751

Name

Rebecca Jones

Street Address (P.O. Box Number is Not Acceptable)

1021 Hobson St.

City

Longwood

FL

Zip Code

32750

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rebecca Jones

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

2-26-08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
MELINK, DAVID S
3307 LAKEVIEW OAKS DR
LONGWOOD FL 32779

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
MELNIK, CYNTHIA
3307 LAKEVIEW OAKS DR
LONGWOOD FL 32779

☐ Delete

TITLE
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☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David S. Melnik

3/3/08

Date

407-616-4053

Corporate Phone #